

**START AND IMPROVE YOUR BUSINESS ASSOCIATION OF SRI LANKA**

No: 21/22 A, Polhengoda Gardens, Polhengoda Road, Colombo 5, Sri Lanka

**INDIVIDUAL MEMBERSHIP APPLICATION FORM**

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| **Particulars of the Applicant** | | |
| **Name in Full** |  | |
| **Name with Initials** |  | |
| **Date of Birth** |  | |
| **Ethnicity** |  | |
| **NIC Number** |  | |
| **Personal Address** |  | |
| **Official Address** |  | |
| **Contact Details** |  | |
| **Email** |  | |
| **Date & Venue of SIYB TOT Attended** |  | |
| **Academic/Professional Qualification/s** |  | |
| **Name of the Organization Employed** |  | |
| **Work Experience in Business Training & Consultancy** |  | |
| **I wish to become an Individual Member of the SIYB Association of Sri Lanka, and I do hereby consent to the constitution of the Association. I am enclosing herewith a cheque for Rs: 1,000.00 for the Membership Fee (cheques to be drawn in favor of the SIYB Association of Sri Lanka).**  **Signature of the Applicant Date** | | |
| **Council Approval:** | | **Date** |